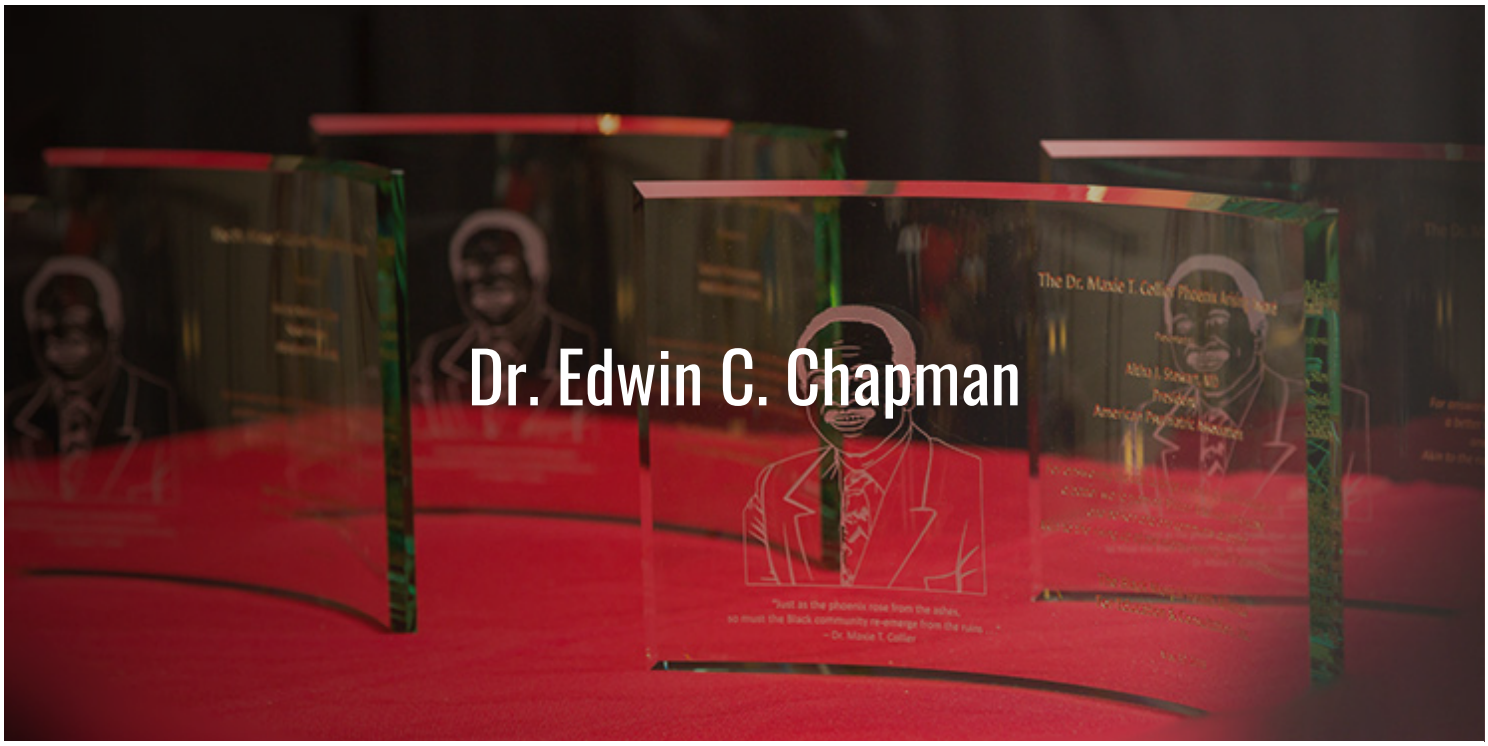
Dr. Edwin C. Chapman

Dr. Chapman has practiced in Washington, DC for 40 over years specializing in Internal Medicine and Addiction Medicine. Over the past 20 years, he has investigated the complex mix of addiction, undertreated mental illness, infectious diseases (AIDS & Hepatitis C), criminal behavior, and chronic diseases in which patients have 20-25 year shorter life expectancies. Dr. Chapman received his B.S. in 1969 and M.D. in 1973 from Howard University College of Medicine. He completed his internship and residency in internal medicine as well as a fellowship in cardiology from historic Freedmen's and Howard University Hospitals. He is board certified by the American Board of Internal Medicine (ABIM, 1979), the American Society of Addiction Medicine (ASAM grandfathered to ABAM, 2009), a Fellow of the American Society of Addiction Medicine, and a member of Alpha Omega Alpha Honor Medical Society. He maintains active memberships in the National Medical Association (NMA), Medico Chirurgical Society of Washington, DC (MED CHI of DC), the American Medical Association (AMA), and the Medical Society of the District of Columbia (MSDC).

Dr. Walter E. Wilson Jr., M.D., M.H.A.

Dr. Wilson was born and raised in Brooklyn, New York. He conducted his undergraduate work at Howard University in Washington, DC where he received a Bachelor of Science degree in psychology. He also received Master of Science degrees in both neuropsychology and anatomy from Howard University in 2007 and 2009, respectively. He then went on to attain a Master of Healthcare Administration degree from the University of Minnesota and, subsequently, graduated from the Stony Brook University School of Medicine in 2015. Dr. Wilson completed his general adult psychiatry training at the University of Cincinnati Medical Center and his child and adolescent psychiatry fellowship at Vanderbilt University Medical Center in Nashville, TN. He currently works for HealthPoint Family Care, Inc., a Federally Qualified Health Center (FQHC) in Covington, KY. Dr. Wilson also serves as the current Chairperson of the Council on Minority Mental Health and Health Disparities of the American Psychiatric Association (APA). His professional goal is to operate at the intersection of mental healthcare treatment, policy, administration, and advocacy for underserved and underprivileged patient populations.

Black Mental Health Alliance



Dr. Edwin C. Chapman has practiced in Washington, DC for 40 over years specializing in Internal Medicine and Addiction Medicine. Over the past 20 years, he has investigated the complex mix of addiction, undertreated mental illness, infectious diseases (AIDS & Hepatitis C), criminal behavior, and chronic diseases in which patients have 20-25 year shorter life expectancies. Dr. Chapman received his B.S. in 1969 and M.D. in 1973 from Howard University College of Medicine. He completed his internship and residency in internal medicine as well as a fellowship in cardiology from historic Freedmen's and Howard University Hospitals. He is board certified by the American Board of Internal Medicine (ABIM, 1979), the American Society of Addiction Medicine (ASAM grandfathered to ABAM, 2009), a Fellow of the American Society of Addiction Medicine, and a member of Alpha Omega Alpha Honor Medical Society. He maintains active memberships in the National Medical Association (NMA) and Medico Chirurgical Society of Washington, DC (MED CHI of DC).

Using his medical training, research, and patient care, Dr. Chapman exemplifies what it means to *Rebuild The Village* :

- In January 2019, he was appointed to the National Academy of Science Engineering and Medicine committee *Examination of the Integration of Opioid and Infectious Diseases Prevention Efforts in Select Programs* and currently collaborates with the Howard University School of Pharmacy and College of Medicine as an adjunct assistant professor in the Department of Behavioral Health and Psychiatry.

- Using an innovative *virtual office telemedicine design*, he is addressing the needs of opioid-addicted index patients and their entire families recognizing the impact of addiction as a "social determinant of health" and a factor leading to "toxic stress" in both family and community-wide settings.

- Dr. Chapman is a founding member and secretary of the board of directors of the Leadership Council for Healthy Communities (an inter-faith 501(c)3 organization with 30+ Metro DC institutions) where he is bringing a multi-specialty primary care into underserved communities and faith institutions (ACA's "Accountable Health Community") using both onsite care and virtual care thru tele-video consultation for social work, nutritional consulting, pharmaceutical reconciliation, as well as psychiatry and primary care.

- In 2008, Dr. Chapman was featured in the National Alcohol and Drug Addiction Month DVD entitled "Medication-Assisted Therapies: Providing a Whole-Patient Approach to Treatment" sponsored and produced by the Substance Abuse and Mental Health Services Administration (SAMHSA).

- In the past several years, Dr. Chapman has been featured in The Washington Post, Addiction Professional Magazine, HIT Consultant.com, NPR, EBONY MAGAZINE, Washington WUSA 9, Behavioral Healthcare Magazine, and international Spanish TV. He was recognized by the National Medical Association as their 2016 "Practitioner of the Year."

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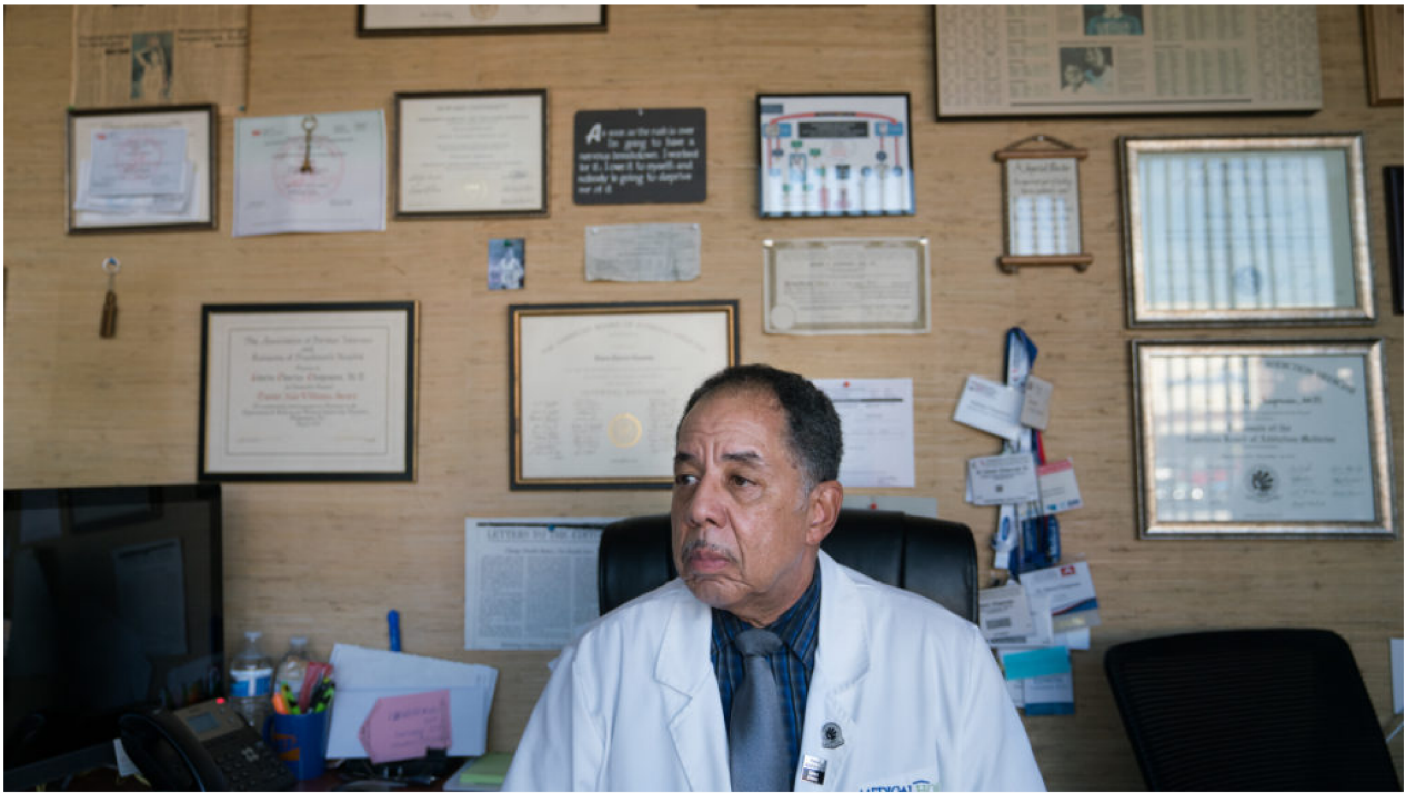
NPR | MAR 8, 2018

The Opioid Crisis' 'Frightening' Jump To Black, Urban Areas

Marisa Peñaloza



Dr. Chapman in his office at the end of the day on Friday. He waits for the last patient to come in, not wanting them to have to spend the weekend without their medication. The walls are covered with awards, certificates, newspaper clippings and family photos.

Claire Harbage / NPR

The current drug addiction crisis began in rural America, but it's quickly spreading to urban areas and into the African-American population in cities across the country.

"It's a frightening time," says Dr. Edwin Chapman, who specializes in drug addiction in Washington, D.C., "because the urban African-American community is dying now at a faster rate than the epidemic in the suburbs and rural areas."

Dr. Chapman is on the front line of the opioid epidemic crippling his community in the Northeast section of Washington. He heads the Medical Home Development Group, a clinic specializing in addiction medicine.

About a dozen patients sit in the lobby of his clinic on a recent Monday morning. The clinic is on a busy street and even on the second floor, you can hear blaring ambulances whiz by — Dr. Chapman says often they stop right outside his building.

"Sometimes we'll have a cluster of folks outside selling drugs," he says. "We've had overdoses right outside, right under the building, right next door to the building."

According to the Office of the Medical Examiner in Washington, D.C., overall opioid overdose deaths among black men between the ages of 40 and 69 increased 245 percent from 2014 to 2017.

Nationally, the drug death rate is also rising most steeply among African-Americans. Among blacks in urban counties, deaths rose by 41 percent in 2016, according to the Centers for Disease Control and Prevention.

African-American communities are in the midst of a drug epidemic and the culprit is fentanyl, says Dr. Melissa Clarke, who works with Dr. Chapman at Medical Home.

"African-Americans are falling victim to fentanyl and carfentanyl because they are so much more potent than heroin," she says. Fentanyl is a powerful synthetic opioid that is often laced in heroin and other street drugs, says Dr. Clarke.

"People who've even been life-long heroin users are dying because they don't understand how to titrate those doses," she says. That's a huge part of the challenge. It's always been impossible for addicts to know the potency of street drugs, but with fentanyl in the mix, they're even more dangerous now. "We feel like we have a fire underneath us — people are dying every day," she says.

This epidemic started in white suburban and rural areas where people are overdosing mostly with prescription medicine like Percocet and OxyContin. Dr. Chapman says that African-American patients have historically been less likely to be prescribed pain narcotics.

"The theory is that African-Americans tolerate pain better. That's a myth," Dr. Chapman says. But it probably saved blacks from falling victim to the initial opioid crisis, he says.

On a recent Saturday morning, a crowd of mostly health professionals and a handful of patients gather at Dr. Chapman's clinic. He's organized an event to discuss this current drug crisis and to encourage people to come up with solutions to the epidemic. Dr. Chapman is warm and laughs easily, but he's serious about tackling this epidemic head-on. His urgency comes from experience. Like many here, he's a graduate of the historically black Howard University's College of Medicine. He's been practicing medicine for close to 40 years and for 12 years he ran the methadone clinic at the D.C. General Hospital.

"Those patients were very segregated from the community and only their substance abuse was treated," he says. That experience taught him many lessons including the need to address patients' overall health, not just their addiction. He also learned about the effects of incarceration on drug addiction — many addicts cycle in an out of prison, he says. His patient population is largely made up of African-American, long-term heroin users — many with a history of poverty and mental health problems.

"I'm always asked, 'Why do you treat these folks?' " he says. " 'Aren't you afraid to have people like that come into your office?' "

He says he sees drug addiction like any other chronic disease and treats a full load of patients with Suboxone, a medication that keeps his patients' relentless cravings in check. He's certified by the Drug Enforcement Administration to prescribe the drug, but by law he can only treat up to 275 patients annually due to federal provider treatment caps.

His treatment model works, he says. His clinic has a 78 percent retention rate a year — that's the percentage of patients who stay with him annually, keeping their drug addiction in check. Abstinence therapy has a 10 percent retention rate nationwide.

One of the challenges is debunking myths — "this is a chronic disease and not a moral failing," he says, noting that science shows drug addiction is a brain disorder and some are more predisposed to it than others.

Dr. Chapman is soft-spoken, but his determination to fight this current drug crisis in his community is unwavering. He has partnered with several groups, including Howard University and the Johns Hopkins Urban Health Institute to share information and raise awareness. Fighting stigma is a big part of the battle against this epidemic, he says.

"Seventy-eight percent of the overdoses in the district are African-Americans," says Dr. Chapman. "It's just that the population has been totally ignored, they are invisible."

He mentors young physicians to work with addicts. Doctors like Dr. Melissa Clarke, who is also certified to prescribe Suboxone. She says finding him wasn't easy.

Not enough doctors

"Oh, like a needle in a haystack," she says, "there are not a lot of practices out there that have fully embraced as much as Dr. Chapman has that medical home approach to care."

She admires his dedication, saying, "He's always had the vision, he's always had the understanding of opioid addiction is a chronic disease."

Dr. Chapman's father worked with the Urban League in Gary, Ind., where he fought hard to get black physicians hospital privileges in the 1940s. Chapman credits his father for his career choice and work ethic. He says he's on a mission to debunk drug-related myths and fight stigma.

Larry Bing has been a patient of Dr. Chapman's for two years now.

"I'm 64," he says, "I'm an addict and spite of being on Suboxone and in therapy, every day ain't a good day for me."

Mr. Bing is tall, handsome and he's been to prison about seven times. He started using when he was 15. He's tried to get off drugs several times before with methadone, a more conventional treatment offered by the D.C. government, but he relapsed four times. "Had I known about the Suboxone before the methadone, I would have tried it first," he says.

But it still isn't easy. "When you talk about addiction it ain't necessarily just the drug," he says. "It's that lifestyle too that you crave."

Larry Bing heard about Dr. Chapman on the streets from an addict friend who later died from an overdose. His treatment is covered by Medicaid and Medicare and he knows he's lucky to have the support of his wife Evelyn. The Bings have been married for 22 years.

Evelyn Bing a, 67-year-old native Washingtonian who is fond of stylish hats, says her husband was already struggling with addiction when they met in 1992. Evelyn didn't know. When she found out, she chose to stick by him, but she doesn't wish that experience on anybody. "It was a horrific experience sometimes, it wasn't easy. It was hard, it was sad, it was ugly."

Often he'd go get cigarettes, she says, "and going to get cigarettes lasted for five days."

"I was terrified that something really happened to him."

Unable to sit at home and wait, she prowled dark streets looking for him, she says, and her biggest fear was that he'd end up back in prison or dead. Though she's grateful her husband found Dr. Chapman, she knows many in her community aren't as lucky, she says. "I don't think we as African-Americans are getting the best resources."

And as the opioid crisis spikes in D.C., she says many African-Americans are desperate for help. "I'd like to see more Dr. Chapman's, drugs off the street, crime stopped, more schools, more programs to educate on what using drugs do to people."

Evelyn Bing says her husband's life is improving and for that, she credits Dr. Chapman. "He listens and cares for his patients' overall health" she says.

Dr. Edwin Chapman wants to galvanize his community to fight this drug epidemic. "It's going to be what we do at the grass-roots level, on the ground, more so than what the federal government is doing," he says. "This is very urgent."

Dr. Chapman is unassuming, but forthright and passionate about his work. At 71, he says he can't think about retirement — "not when my city is right in the middle of a raging epidemic."

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Telehealth increases access to care for the most vulnerable patient populations- regardless of location

August 13, 2020

District of Columbia physician Edwin Chapman, MD, understands that “innovation” is not a buzz word only conjuring up advancements such as stem cell research or cancer-curing treatments, but they also include using telephones and video to help vulnerable patients during the COVID-19 pandemic. In recent months the use and coverage of telehealth, once thought of as a tool to increase access in rural areas, has expanded his ability to continue care for hundreds of patients with a substance use disorder within D.C.

“When I started treating patients with buprenorphine 20 years ago, I was being sent patients by parole officers and was asked to treat their addiction, but these patients needed mental health services, primary care and psychiatry. Treating only the addiction wasn’t going to completely rehabilitate them,” said Dr. Chapman, “you have to treat everything.”

What his patients needed was an integrated care model, and integrating meant updating. Dr. Chapman digitized his patients records, equipped every exam room with a microphone and a webcam and transitioned to telemedicine. His patients could come to one office but do multiple consultations with social workers, primary care physicians and psychiatrists, allowing them to turn what might have been multiple buses and hours’ worth of childcare into one visit at one location–one stop shopping.

“Telemedicine was originally only seen as something appropriate for a rural practice, as a way to help patients who might not have a physician nearby. But the socioeconomic reality for many is that even when a medical office is closed, there are childcare costs, time off work, multiple bus and train fares to contend with–telemedicine is useful in bridging those gaps, too.”

Doing in-office consults allowed his patients access to a whole host of specialists and services. Dr. Chapman has helped his patients with not just addiction, but with chronic conditions like diabetes, Hepatitis-C, HIV, hypertension and cancer. “Telehealth has helped one of my long-term patients for at least 15 years now, and this model has helped him to stabilize his life..”

“Dr. Chapman and I have a relationship that’s honest,” said “Bill,” who asked the AMA not to use his real name. “My life was using drugs, I destroyed my marriage, and it wasn’t until my second or third time trying medication with Dr. Chapman’s help that I was able to start feeling better. The people who know me say I look good, but I still have ups and downs sometimes. Dr. Chapman helps me prioritize my feelings and emotions. I wish there were more Dr. Chapman’s out there.”

Bill is one of about 260 patients Dr. Chapman sees.

“Treatment is about benefits that reverberate across the entire community,” said Dr. Chapman. “Beyond the healthcare savings of keeping patients with chronic conditions and comorbidities out of hospitals, there’s a reduction in criminal activities and homelessness. It’s helping my patients get back on their feet, find housing and jobs. It’s an economic model that shifts money from just housing these patients in jails, to the social services that allow them to regain control over their lives. Bill has has been with me for 15 years, he hasn’t been incarcerated or gone back to the emergency room. He got his life back, and in doing so we have decreased reliance on medical services. For too long in the African American community, incarceration was seen as treatment, but that’s never worked. We have to change the model because medical treatment provides widespread social benefits and economic savings.”

Stigma on the part of providers is also a barrier to expanding access to telemedicine care. In an effort to expand professional education and reduce provider stigma, Dr. Chapman has put on some Project ECHO sessions with the Howard University “Urban Health Initiative” and they recently initiated a fellowship program in addiction medicine. Dr. Chapman serves as an adjunct assistant professor in their Department of Behavioral Heath and Psychiatry.

When asked whether there are other policies and practices other than telemedicine that would help his patients, Dr. Chapman pointed to several “overly strict” regulatory structures that hamper addiction treatment, exacerbate health risks and impose harmful barriers to care.

Areas where Dr. Chapman would like to see improvements include how Medicaid doesn’t allow two services to be billed on the same day, prior authorization requests delay care for patients that don’t have time to wait, and an eight hour training and waiver limits prevent some physicians from wanting to treat patients with opioid use disorder.

“Increasing the use of telemedicine removed 10 years of challenges,” said Dr. Chapman. “We still have a long way to go to remove the stigma of opioid use disorder, help those who are homeless and get more people trained to provide treatment for opioid use disorder in urban areas like mine. And we need to do it soon.”

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